

## PART B - FEE(S) TRANSMITTAL

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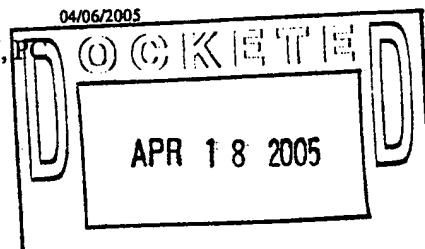
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

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MONTE & MCGRAW, P.C.  
4092 SKIPPACK PIKE  
P.O. BOX 650  
SKIPPACK, PA 19474



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**Certificate of Mailing or Transmission**  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Beth Johnson	(Depositor's name)
<i>Beth Johnson</i>	(Signature)
7/14/2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/659,824	09/11/2003	Donald A. Schon	MED-0005C1	5942

TITLE OF INVENTION: SPLITTABLE MULTILUMEN CATHETER ASSEMBLY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	07/06/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROBINSON, DANIEL LEON	3742	604-544000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 Joseph E. Maenner
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.	2 Monte & McGraw, P.C.
	3 _____

### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

#### (A) NAME OF ASSIGNEE

Medical Components, Inc.

#### (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Harleysville, PA 19438

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check in the amount of the fee(s) is enclosed.
<input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.
<input checked="" type="checkbox"/> Advance Order - # of Copies <u>2</u>	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number <u>502434</u> enclose an extra copy of this form.

#### 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Joseph E. Maenner

Date 14 Aug 2005

Typed or printed name Joseph E. Maenner

Registration No. 41,964

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450  
BY: ANITA TROXEL *Anita Troxel*

DATE: *Sept 19, 2005*

**Mail Stop: ISSUE FEE**



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Donald A. SCHON et al. :  
Serial No.: 10/659,824 : Group Art Unit: 3742  
Filed: 11 September 2003 : Examiner: D. L. Robinson  
For: SPLITTABLE MULTILUMEN :  
CATHETER ASSEMBLY : Attorney Docket No: MED-0005C1  
Commissioner for Patents

**REQUEST FOR CORRECTED ISSUE FEE TRANSMITTAL**

Attached is the original Issue Fee Transmittal submitted April 14, 2005 for the above-identified patent application. Applicant inadvertently provided incorrect information in Box 3. "ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT".

Please correct the data of Box 3 to read:

**TwinCath, LLC**

**Paradise Valley, AZ**

**Medical Components, Inc.**

**Harleysville, PA**

Respectfully submitted,

Donald A. SCHON et al.

Sept. 19, 2005  
(Date)

By:

*Anton P. Ness*

Anton P. Ness

Registration No. 28,453

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